

Patient Initials: _____

_____ Patient ID

* Date patient started radiotherapy: _____

Interventional Review: *To be submitted within three days of starting radiotherapy. If planning of later phases of treatment is deferred, the aggregate plan must be submitted no later than the fifth week of treatment.*

**Color documentation must be submitted in color.*

IMRT/3D Planning Treatment

- _____ Copies of the Planning CT and/or MR slices (pre-RT) covering all gross target volume (GTV) at 1cm separation, showing the GTV and target volumes on each slice.
For patients on Arm A, please also submit a copy of the diagnostic (pre-study) imaging.
- _____ Copies of simulation films or DRRs (digitally reconstructed radiograph) for each field showing lateral projection of all gross disease. If electron field films are not available, patient photos with these fields clearly indicated must be provided.
- _____ Copy of verification (portal) films or hard copy of real time portal images for each treatment field
- _____ In lieu of submitting sim films/DRRs and portals for each field treated, an orthogonal set of anterior/ posterior and lateral films for isocenter localization for each group of concurrently treated beams should be submitted. This should include both sim films/DRRs and portal films/ hard copy portal images.
- _____ RT-1 or IMRT Dosimetry Summary Form & the Disease Mapping Form (available on www.qarc.org)
- _____ Photographs of patient in treatment position with fields marked and visible
- _____ Copies of worksheets/ printouts used for calculations of monitor settings to give the prescribed dose & doses to all normal structures
- _____ Color Isodose distributions for all treatment phases and composite (summed plan) with target volumes & prescription point clearly shown in axial, sagittal and coronal planes. Include axial slices through the central axis of the field, through the plane of maximum tumor bulk, and in superior and inferior planes of all target volumes. Composite plan should be in absolute dose.
- _____ DVH (dose volume histogram) for the entire treatment course for PTV1, PTV 2, PTV3, GTV & spinal cord
- _____ Prescription sheet for entire treatment course
- _____ If IMRT is used, a DVH shall be submitted for "unspecified tissue" (tissue contained within the skin but not otherwise identified by containment within any other structure)
- _____ BEV (Beams Eye View) of portals, showing collimator, beam aperture, target volume and critical structures
- _____ REV (Rooms Eye View)

Final Data: *To be submitted within one month of completing radiotherapy*

- _____ RT-2 Form (available on www.qarc.org)
- _____ Copy of patient's daily radiotherapy record
- _____ If changes were made subsequent to the initial review, please submit all data reflecting changes: Diagnostic and Treatment Planning imaging, simulation films/DRRs, verification (portal) films or portal images, RT-1 or IMRT Dosimetry Summary Form, Photographs of patient in treatment position with fields marked and visible, copies of worksheets/printouts used for calculations of monitor settings, color isodose distributions, Dose Volume Histograms, Prescription sheet for entire treatment course, BEVs, REVs, orthogonal films (sims/DRRs and portals).

